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AJC/EMB/klm  
June 5, 2008



1645  
PATENT APPLICATION  
DOCKET NO. 3022.1004-000

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Joerg Schneider, Sarah C. Gilbert, Carolyn M. Hannan and Adrian V.S. Hill

Application No.: 10/088,677 Group: 1645

371(c) Date: May 31, 2002 Examiner: Robert A. Zeman

Confirmation No.: 4825

For: USE OF REPLICATION-DEFICIENT ADENOVIRAL VECTOR TO  
BOOST CD8+ T CELL IMMUNE RESPONSE TO ANTIGEN

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or is being facsimile transmitted to the United States Patent and Trademark Office on:

June 5, 2008 Karen L. Moulder

Date

Signature

Karen L. Moulder

Typed or printed name of person signing certificate

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Reply for filing in the above-identified application.

- Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.
- A Small Entity Statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

06/10/2008 HLE333 0000004 10088677

01 FC:1251

120.00 OP

**The claims fee has been calculated as shown below:**

					SMALL ENTITY	OTHER THAN SMALL ENTITY
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE
TOTAL	13	MINUS	* 20	0	X \$ 25	\$
INDEP	2	MINUS	** 3	0	X \$105	\$
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM						
* not fewer than 20 ** not fewer than 3						
TOTAL = \$ <u>      0      </u>						
OR						
TOTAL = \$ <u>      0      </u>						

\* not fewer than 20

\*\* not fewer than 3

TOTAL = \$       0      

TOTAL = \$       0      

**The Application Size Fee has been calculated as shown below:**

*(Effective for cases filed on or after December 8, 2004)*

Actual Sheets (Including current amendment)	Highest No. of Sheets Paid For (At least 100)	No. of Additional Units Required (Increments of 50 sheets)	SMALL ENTITY		OTHER THAN SMALL ENTITY		Payment Sufficient for up to [ ] Sheets
			Rate	Total Amount Owed	Rate	Total Amount Owed	
			X \$130	\$[ ]	X \$260	\$[ ]	

**Petition for Extension of Time**

- Applicants hereby petition to extend the time to respond to the Office Action dated February 5, 2008 for one month from May 5, 2008 to June 5, 2008. The appropriate fee is set forth below.

**Please charge Deposit Account No. 08-0380 for the following fees:**

<input type="checkbox"/>	Petition for [ ] month Extension of Time	\$ _____
<input type="checkbox"/>	Claims Fee	\$ _____
<input type="checkbox"/>	Application Size Fee	\$ _____
<input type="checkbox"/>	Other Fees:	\$ _____
		\$ _____
		\$ _____
		<b>TOTAL:</b> \$ _____

**A check is enclosed in payment of the following fees:**

<input checked="" type="checkbox"/>	Petition for one-month Extension of Time	\$ 120
<input type="checkbox"/>	Claims Fee	\$ _____
<input type="checkbox"/>	Application Size Fee	\$ _____
<input checked="" type="checkbox"/>	Other Fees:	\$ _____
<b>Sixth Supplemental Information Disclosure Statement</b>		\$ 180
		\$ _____
		<b>TOTAL:</b> \$ 300

Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380. If this submission is in paper form, a copy of this letter is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By   
 Eric M. Balicky  
 Registration No.: 57,020  
 Telephone (978) 341-0036  
 Facsimile (978) 341-0136

Concord, Massachusetts 01742-9133

Dated: *June 5, 2008*

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INDEP	2	MINUS	** 3	0	X \$105	\$
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM			+ \$185	\$	+ \$370	\$
			* not fewer than 20		TOTAL = \$ <u>      </u> 0	
			** not fewer than 3		TOTAL = \$ <u>      </u> 0	

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[ ] Sheets

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		<b>TOTAL:</b> \$ _____

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